



**CITY OF ATLANTA  
OFFICE OF MUNICIPAL CLERK**

**RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK**

**55 TRINITY AVENUE, S.W.  
SECOND FLOOR, EAST  
SUITE 2700  
ATLANTA, GEORGIA 30335  
(404) 330-6033  
FAX (404) 658-6103**

October 26, 2000

Stuart Price  
3010 Rhodenhaven Dr.  
Atlanta, GA 30327

**00-R-1610**

Dear Mr. Price:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on October 16, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400.**

Sincerely,

Rhonda Dauphin Johnson, CMC  
Municipal Clerk

**cc: Claims Division/Law Department**

RCS# 2337  
10/16/00  
8:35 PM

Atlanta City Council

Regular Session

MUTIPLE

CLAIMS WITH FAVORABLE/Unfavor recommend  
ITEMS 1-29

00-R-1610

ADOPT

YEAS: 13  
NAYS: 0  
ABSTENTIONS: 0  
NOT VOTING: 1  
EXCUSED: 1  
ABSENT 1

Y McCarty	Y Dorsey	Y Moore	Y Thomas
Y Starnes	Y Woolard	B Martin	Y Emmons
Y Bond	Y Morris	Y Maddox	E Alexander
Y Winslow	Y Muller	Y Boazman	NV Pitts

MUTIPLE

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0505

Date: September 26, 2000

Claimant /Victim STUART PRICE  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 3010 Rhodenhaven Drive, Atlanta, Georgia 30327  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 3,310.22 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 8/16/00 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 7/28/00 Place: 2257 Barge Road  
Department PUBLIC WORKS Division Sewer Operations  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that he sustained damages to his home from a sewer back up. However, an investigation determined that the City did not have notice of any problems at this location prior to the July 29, 2000 occurrence. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

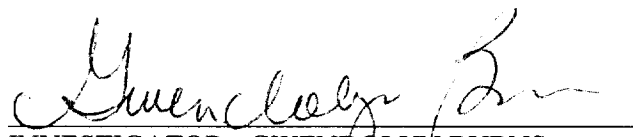
### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant X Others \_\_\_\_\_ Written \_\_\_\_\_ Oral X  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other X  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

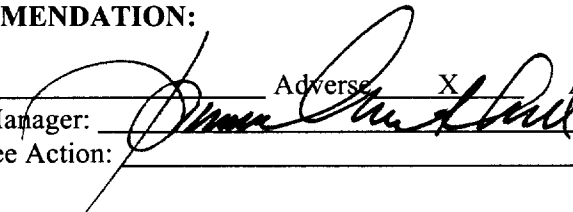
### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 09-28-00  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

8/7/00

BURNS  
08/21/00  
R

Dear Municipal Clerk:

ENTERED - 8-28-00 - SB

00L0505 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3310.22 property and/or \$                      bodily injury for which I contend the City is liable.

1. Date of incident: 7/23/00 2. Time of Incident: 1:00 AM 3. Police called: X  
(month/day/year) Yes No

4. Location of incident (including street address): 3010 RHODESWORTH AVE., ATLANTA, GA 30327

5. Name of your insurance company: STATE FARM Policy No. 11-GK-9853-4

6. State what and how incident occurred: CITY OF ATLANTA TRUCK RAN INTO BACK OF MY HOUSE.

TRUCK RAN INTO BACK OF MY HOUSE.

TRUCK RAN INTO BACK OF MY HOUSE.

TRUCK RAN INTO BACK OF MY HOUSE.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

(Print Claimant's Name)

(Address)

(City, State and Zip Code)

(Work Number)

(Home Number)

00- R -1610

Entered - 08/28/00 - sb  
CL - 00L0505 - GWENDOLYN BURNS

00- *R* -1610

CLAIM OF: Stuart Price  
3010 Rhodenhaven Drive  
Atlanta, Georgia 30327

For property damages alleged to have been sustained as a result of  
a sewer back up on July 28, 2000 at 3010 Rhodenhaven Drive.

THIS ADVERSED REPORT IS  
APPROVED

BY: *Rosalind Rubens Newell*  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY  
*Regular Report Agenda*

ADVERSED REPORT

COM. *P. G. & L. A.*

DATE *10/16/00*

*V-cc* *Clara Anderson*

*James*  
*Dany Smith*  
*Erin*

ADVERSED OCT 16 2000

